

Request for Visiting Week

Name of Student _____ Date of Birth _____

Name of Parent or Legal Guardian completing this form _____

Daytime Phone of Parent _____

Address of Parent _____

Email Address _____

Please answer the following questions:

1. What school does your child currently attend?
2. What are your reasons for changing schools?
3. Explain why you think a Democratic School will benefit your child.
4. Has your child ever exhibited violent behavior toward objects and/or animals? (If yes, please explain)
5. Has your child ever exhibited violent behavior toward people? (If yes, please explain)
6. Has your child ever been suspended or expelled from any educational facility? (If yes, please explain)
7. Is there any reason your child will not be safe to himself/others in an unsupervised environment? (If yes, please explain)